

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 237  
Registered No. 142

### 1. PLACE OF BIRTH

County Larson Hospital Graham State Safford Ariz  
District of Township S of G of C or Village \_\_\_\_\_  
City \_\_\_\_\_ No. Larson Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Robert Bruce Montierth

3. Sex of Child Boy To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth 4  
6. Legitimate? yes  
7. Date of birth June 21 1930  
Month Day Year

8. FATHER  
Full name Robert Elliot Montierth  
9. Residence (Usual place of abode)  
If non-resident, give place and state. Emery  
10. Color or race white  
11. Age at last birthday 38 (Years)  
12. Birthplace (city or place) Safford  
(State or country) Arizona  
13. Occupation  
Nature of Industry Farmer

14. MOTHER  
Full maiden name Lillie Elizabeth Harrison  
15. Residence (Usual place of abode)  
If non-resident, give place and state. Emery  
16. Color or race White  
17. Age at last birthday 31 (Years)  
18. Birthplace (city or place) Duncan  
(State or country) Arizona  
19. Occupation  
Nature of Industry House wife

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn 1  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was alive at 12 a.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Filed 7/8 1930

Registrar. \_\_\_\_\_

By G. H. Lipp

(Physician or \_\_\_\_\_)

Registrar. \_\_\_\_\_

148-621-385

A SEPARATE FILE MUST BE MADE IN EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.